



VILLAGE OF WHEELING

2 Community Boulevard
Wheeling, Illinois 60090

RENTAL RESIDENTIAL PROPERTY LICENSE APPLICATION

SINGLE FAMILY BUILDING or INDIVIDUAL UNIT

Single Family Building or Single Condominium Rental Unit

(Please Print or Type)

Complex Name (if applicable) _____

Building Address _____

(Complete a separate form for each building)

Property Tax Index Number (P.I.N.) _____

OWNERSHIP INFORMATION

Owner Name _____

Address (P. O. Box is not acceptable) _____

City, State, Zip _____

Business Phone (_____) _____ Residence Phone (_____) _____

For properties held in trust:

Trustee Name(s) _____

Address (P.O. Box is not acceptable) _____

City, State, Zip _____

Business Phone (_____) _____

Beneficial Interest Holder(s) (Use additional sheets if necessary) _____

MANAGEMENT AGENT INFORMATION (if other than owner)

Property Management Firm _____

Contact Person/Agent/Manager _____

Address (P.O. Box is not acceptable) _____

City, State, Zip _____

Business Phone (_____) _____ Emergency Phone (_____) _____

CONTINUE



As of March 23, 2009, Ordinance No. 4407 was adopted by the Village of Wheeling revising applicant requirements and responsibilities. All new or renewal license applications must comply with the following:

Section 4.84.040 (f)

The issuance of a residential rental property license pursuant to this chapter shall not relieve the applicant's obligation from complying with all applicable rules, regulations and by-laws imposed by the condominium and/or homeowners' association, including any rental restrictions and/or limitations, to which the rental residential property is subject.

Section 4.84.050 (g)

For each application for a new license or a renewal of an existing license for a rental residential property that is a unit or dwelling place within a multi-unit condominium, townhome development or other similar collective ownership arrangement, the applicant must verify on the application or license renewal form that the rental or lease of the unit or dwelling does not violate or is otherwise in conformance with any rental or lease restriction and/or limitation established by the condominium and/or homeowners' association or any other applicable covenant, restriction, rule or regulation to which the unit or dwelling is subject."

EMERGENCY CONTACT INFORMATION

Emergency Contact Name _____

Address (P.O. Box is not acceptable) _____

City, State, Zip _____

24-Hour Emergency Phone _____

*****FOR ALL PROPERTY THAT IS A UNIT OR DWELLING PLACE WITHIN A MULTI-UNIT CONDOMINIUM, TOWNHOME DEVELOPMENT OR OTHER SIMILAR COLLECTIVE OWNERSHIP ARRANGEMENT, PROPERTY OWNER'S SIGNATURE BELOW INDICATES COMPLIANCE*****

The rental or lease of this unit or dwelling does not violate or is otherwise in conformance with any rental or lease restriction and/or limitation established by the condominium and/or homeowners' association or any other applicable covenant, restriction, rule or regulation to which the unit or dwelling is subject.

All of the information provided in this Application is true and correct to the best of my knowledge.

Property Owner

____/____/____
Date

404.4.1 Area for sleeping purposes: Every room occupied for sleeping purposes by one occupant shall contain at least 70 square feet of floor area, and every room occupied for sleeping purposes by more than one person shall contain at least 50 square feet of floor area for each occupant thereof.

404.4.4 Prohibited occupancy: Kitchens and non-habitable spaces shall not be occupied for sleeping purposes. Where a living room, dining room, or combined living/dining room spaces are required by 404.5, such rooms shall not be occupied for sleeping purposes.

International Property Maintenance Code 2003 as amended.

State law requires installation and maintenance of smoke detectors for all multiple family buildings. If you have any questions regarding smoke detectors, please call Wheeling Fire Department Fire Prevention Bureau at 847-459-2669.

RENTAL DWELLING UNIT INFORMATION

*****MUST COMPLETE THE FOLLOWING INFORMATION*****

Total number of rooms in dwelling unit: _____

Number of Bedrooms _____

Living Room _____ ft. by _____ ft.

Bedroom #1 _____ ft. by _____ ft.

Dining Room _____ ft. by _____ ft.

Bedroom #2 _____ ft. by _____ ft.

Kitchen _____ ft. by _____ ft.

Bedroom #3 _____ ft. by _____ ft.

Other _____ ft. by _____ ft.

Bedroom #4 _____ ft. by _____ ft.

Occupancy Load for this Unit (to be completed by Village) _____

THIS SECTION FOR OFFICE USE ONLY

Total number of Units: **1** Number of units to be inspected annually: **1**

Fee Due: \$100.00

Zoning _____

Initial Inspection Date	
Reinspection Date	
Reinspection Date-2	
Reinspection Fee	
Reinspection Fee Date Paid	Conditional Approval Date
Compliance Date	Conditional Expiration Date
License/Relicense Fee Due	Date Paid
Temporary Certificate #	Temporary Certificate Date
Annual License #	Expiration Date

This Application has been reviewed and approved by the Department of Community Development for ***Conditional Approval.***

_____/_____/_____
Director of Community Development Date

This Application has been reviewed and approved by the Department of Community Development.

_____/_____/_____
Director of Community Development Date